

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10362

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elcton R.O. 4.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 minutes

Hospital, institution, or street address where death occurred:
Union Hospital Elcton Md.

How long in hospital or institution? 5 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town Elcton Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Gertrude Allen

3. (b) Social Security Number

Unknown

4. Sex

F.

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Hubert Allen

7. Birth date of deceased (mo., day, yr.)

Jan 26 - 1920

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

28

9

23

hrs.

min.

9. Birthplace

Bartons Bank. Md.
(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

FATHER

12. Name

Harry Congo

13. Birthplace

Cedar Hill Md.

14. Maiden name

Florence Brown

15. Birthplace

Cedar Hill Md.

16. Informant

Ernoch Wesley

Address

Elcton Md.

17.

Burial

Date thereof

10/22/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Griffith Cem.

Location

Cedar Hill Md.

18. Funeral director

Cecil R. H. Bell

Address

909 Poplar St. Wilm. Del.

19.

Oct 20

19

48

JRS:razan
Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 19 48 at 3:55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him... alive on 19...

Immediate cause of death

Fracture of Base of skull.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-18-48

Where did injury occur? Elcton Cecil Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury Automobile Injured at work? no

23. SIGNATURES

P. L. Dodson M.D. Medical Examiner
for Cecil County
M. D. or other
Kuring Sue Md. Date signed 10-19-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

10363

1. PLACE OF DEATH:

County Berlin
 City or town North East Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Berlin
 City or town North East Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Georgianna Armour

3. (b) Social Security Number

none

4. Sex

F

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Charles Walter Armour

7. Birth date of deceased (mo., day, yr.)

June 26 1885

6. (c) If alive, give age

66 years

8. AGE:

Years 63Months 4Days 3

It less than one day

hrs. _____ min. _____

9. Birthplace

Berlin Md.
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Robert C. Harington

12. Name

Lancaster Co. Pa.

13. Birthplace

Sarah E. Hoopes

14. Maiden name

North East Md.

15. Birthplace

Charles W. Armour

16. Informant

North East Md.

Address

RuralDate thereof Nov 1 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Ebenezer

Location

Rising Sun R. D. Md

18. Funeral director

Joseph R. GrantAddress North East MdNo. 1 19 48 Sarah E. Rothermel
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1948 at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1945 to Oct 29 1948and that I last saw him alive on October 25 1948

Immediate cause of death

Uremia

Due to

AcuteRenalDisease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Rising Sun Md

M. D. or other

Date signed 10/31-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. **M**

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

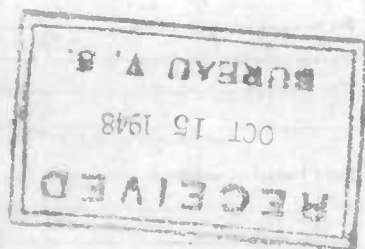
93a

10364

Reg. Dist. No. 92

92

1. PLACE OF DEATH: County Cecil City or town Elkton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 wk Hospital, institution, or street address where death occurred: 265 East Main St How long in hospital or institution?					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Cecil City or town Elkton (If outside city or town limits, write RURAL and give nearest town) Street No. 265 East Main (If rural, give LOCATION) 2(a) If veteran, name war						
3. (a) FULL NAME Ellen D. Booth					3. (b) Social Security Number						
4. Sex F.		5. Color or race Wh		6. (a) Single, married, widowed, or divorced Widowed			MEDICAL CERTIFICATION				
6. (b) Name of husband or wife William H. Booth					20. DATE OF DEATH October 10 1948 at 7:50 A.M.						
7. Birth date of deceased (mo., day, yr.) Dec. 14, 1862					21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1945 to Oct. 10 1948 and that I last saw h. alive on October 8 1948						
8. AGE: Years 85		Months 10		Days -		If less than one day		Immediate cause of death Myocardial Infarction		DURATION 1 yr 26	
9. Birthplace Elkton, Md. (Town, county, and state)											
10. Usual occupation at home											
11. Industry or business											
12. Name Daniel Braxton											
13. Birthplace Delaware Newcastle Co											
14. Maiden name Susan Reese											
15. Birthplace Delaware											
16. Informant Mrs. Henrietta Cameron											
Address 265 E Main St Elkton, Md.											
17. Burial Date thereof Oct 13/48 (Burial, cremation, or removal. Which?) (month) (day) (year)											
Cemetery or crematory Elkton											
Location Elkton, Md											
18. Funeral director H. W. Phipps											
Address Elkton, Md											
19. Oct 13 1948 J. R. Frazer (Date rec'd by registrar) Registrar					22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE One Fred R. S. Reales, Jr. Elkton, Md. M. D. or other Date signed Oct. 10. 48						



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *92*

10365

170C

1. PLACE OF DEATH

County *Cecil*
 City or town *Elkton Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *5 minutes*
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State *Md.* County *Cecil*
 City or town *Elkton Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Alice Brooks.

3. (b) Social Security Number

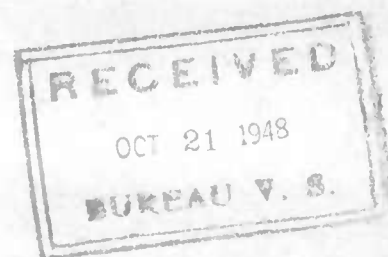
Unknown

4. Sex <i>F</i>	5. Color or race <i>col</i>	6. (a) Single, married, widowed, or divorced <i>married</i>
6. (b) Name of husband or wife <i>James M. Brooks.</i>		
6. (c) If alive, give age <i>50</i> years		
7. Birth date of deceased (mo., day, yr.) <i>November 17 1905</i>		
8. AGE: Years <i>42</i> Months <i>11</i> Days <i>1</i> If less than one day hrs. min.	9. Birthplace <i>Cedar Hill Md.</i> (Town, county, and state)	
10. Usual occupation <i>Domestic</i>		
11. Industry or business		
12. Name <i>Amos Webster</i>		
13. Birthplace <i>Cedar Hill Md</i>		
14. Maiden name <i>no information</i>		
15. Birthplace <i>James H Brooks.</i>		

16. Informant <i>James H Brooks.</i>		
Address <i>Elkton RD 4 Md.</i>		
17. Burial	Date thereof <i>10/22/48</i>	
(Burial, cremation, or removal. Which?)	(month) (day) (year)	
Cemetery or crematory <i>Griffith Cem.</i>	Location <i>Cedar Hill Md.</i>	
18. Funeral director <i>Edw R Bell</i>		
Address <i>909 Poplar St. Wilm. Del.</i>		
19. <i>Oct 20 48</i>	<i>F. Shazer</i>	
(Date rec'd by registrar)	Registrar	

MEDICAL CERTIFICATION

20. DATE OF DEATH <i>October 18 48</i>	at <i>8:00 P.</i>
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <i>19</i> to <i>19</i> and that I last saw him <i>alive</i> on <i>19</i>	
Immediate cause of death <i>Fracture of base of skull.</i>	DURATION
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations	
Date of op.	
Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide <i>Accident</i>	Date of <i>10-18-48</i>
Where did injury occur? <i>Elkton Cecil Md.</i>	(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) <i>Route 40</i>	
Means of injury <i>Automobile</i>	Injured at work? <i>no</i>
Medical Examiner <i>R. L. Dodson</i>	
23. SIGNATURE <i>Rising Sun Md</i>	
Address <i>10-18-48</i>	
Date signed	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

10366

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH
County Cecil
City or town Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? no time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Cecil
City or town Elkton Rural.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Arthur Brooks.
3. (b) Social Security Number 705-09-7336

4. Sex M. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mary L Brooks.

6. (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) Sept. 24 1898

8. AGE: Years 50 Months 24 Days It less than one day hrs. min.

9. Birthplace Leeds, Maryland
(Town, county and state)

10. Usual occupation R.R. Laborer.

11. Industry or business

12. Name James Brooks.

13. Birthplace Virginia

14. Maiden name Lulu Richardson

15. Birthplace Cedar Hill Md.

16. Informant Mary Brooks.

Address Elkton RD 4 Md.

17. Burial Date thereof 10/22/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Griffith Cemetery

Location Cedar Hill Md.

18. Funeral director Edw H Bell

Address 909 Poplar St. Wilm. Del.

19. Oct 20 1948 JH Jager Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1948 at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death

Due to Fracture of Base of skull.

Due to crushed body.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-18-48

Where did injury occur? Elkton Cecil Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury Automobile Injured at work? no

Medical Examiner R. L. Dodson M.D. for Cecil County

23. SIGNATURE Address Rising Sun Md M. D. or other

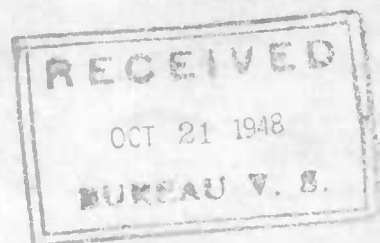
Date signed 10-19-48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10367

Reg. Diat. No. 92

1. PLACE OF DEATH:

County Cecil
 City or town Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 hours.
 Hospital, institution, or street address where death occurred: Union Hospital
 How long in hospital or institution? 3 hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Cecil
 City or town Elkton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Betty L. Brooks

3. (b) Social Security Number

4. Sex F. 5. Color or race col. 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 11 1935
 6. (c) If alive, give age _____ years

8. AGE: Years 13 Months 5 Days 71 If less than one day _____ hrs. _____ min.

9. Birthplace Elkton Md.
 (Town, county, and state)

10. Usual occupation child

11. Industry or business _____

12. Name Arthur Brooks13. Birthplace Leeds Maryland14. Maiden name Mary Greer15. Birthplace Cedar Hill Md16. Informant Mary BrooksAddress Elkton RD 4 Md.Burial Date thereof 10/22/48

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Griffith Cem. Cedar Hill Md.

Location _____

18. Funeral director Edw. R. BellAddress 909 Poplar St. Wilm. Del.19. Oct 30 1948 F. R. Frazer

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1948 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death ShockFracture of Rt femur.Fracture rightDue to shoulder & leftwrist.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-18-48Where did injury occur? Elkton Cecil Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 40Means of injury Automobile Injured at work? no23. SIGNATURE R. L. Doelmon Medical ExaminerAddress Pisang Sum Md. Cecil CountyDate signed 10/19-48 M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10368

Reg. Dist. No. 92

1. PLACE OF DEATH:

County... Cecil
 City or town... Elberton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 hours
 Hospital, institution, or street address where death occurred
 Union Hvy. Elberton Md.
 How long in hospital or institution? 9 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Cecil
 City or town... Elberton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Carroll Brooks

3. (b) Social Security Number

none

4. Sex... M. 5. Color or race... Col. 6. (a) Single, married, widowed, or divorced... Single

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.) May 20 1932.

8. AGE: Years 16 Months 4 Days 28 It less than one day hrs. min.

9. Birthplace... Cedar Hill Md.
 (Town, county, and state)

10. Usual occupation... Child.

11. Industry or business

12. Name... Arthur Brooks
 13. Birthplace... Leeds, Md.

14. Maiden name... Mary Wesley
 15. Birthplace... Cedar Hill Md

16. Informant... Mary Brooks
 Address... Elberton Md. 4 Md.

17. Burial Date thereof 10/22/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Griffith Cem.

Location... Cedar Hill Md.

18. Funeral director... Edw. H. Bell

Address... 909 Poplar St. Wilm. Del.

19. Oct 30 1948
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... October 19 1948 at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19... to 19... and that I last saw h... alive on 19...

Immediate cause of death... Fractured left femur

Due to... Fractured base of skull.

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op.

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of 10-18-48

Where did injury occur? Elberton Cecil Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)... No

Means of injury... Automobile Injured at work? no

23. SIGNATURE... Medical Examiner

Address... M. D. or other Date signed 10-19-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *92*

10369

170C

1. PLACE OF DEATH:

County *Cecil*
 City or town *Elkton Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *5 minutes*
 Hospital, institution, or street address where death occurred:
Union Hospital Elkton Md.
 How long in hospital or institution? *5 minutes*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residences of mother)
 State *Md.* County *Cecil*
 City or town *Elkton Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Heloris Brooks

3. (b) Social Security Number

4. Sex *M.* 5. Color or race *Col.* 6. (a) Single, married, widowed, or divorced *Single*

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) *Dec. 18 1937*8. AGE: Years *10* Months *10* Days _____ If less than one day _____ hrs. _____ min.9. Birthplace *Cedar Hill Md*
(Town, county, and state)10. Usual occupation *child*

11. Industry or business _____

12. Name *Arthur Brooks*13. Birthplace *Leeds Maryland*14. Maiden name *Mary Trecky*15. Birthplace *Cedar Hill Md*16. Informant *Mary Brooks*Address *Elkton Md 4 Md.*17. Burial Date thereof *10/22/48*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Griffith Cemetery*Location *Cedar Hill Md.*18. Funeral director *Paul R. Bell*Address *909 Poplar St. Wilm. Del.*19. *Oct 20 48* *H. B. B. B.*
(Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *October 18 48* *10-18-48* *4 P.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____ and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Fracture Base of Skull

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

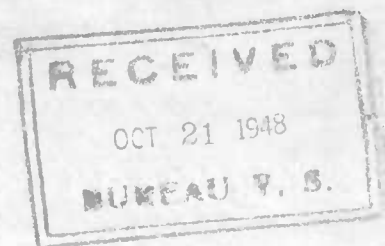
Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *10-18-48*Where did injury occur? *Elkton Cecil Md*
(City or town) (County) (State)Injured at home, farm, industry, public place, where? *Route 40*Means of injury *Automobile* Injured at work? *no*Medical Examiner *P. L. D. D. D. D.*23. SIGNATURE *Paul R. Bell* *for Cecil County*
M. D. or other _____Address *Elkton Md* Date signed *10-19-48*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157 m

10370

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH

County LeecilCity or town Elkston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 minutesHospital, institution, or street address where death occurred: Union Hospital Elkston Md.How long in hospital or institution? 20 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County LeecilCity or town Keating Sum. Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby Chapman

3. (b) Social Security Number

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 10-7-488. AGE: Year _____ Month _____ Day _____ If less than one day _____ hrs. 20 min.9. Birthplace Elkston Md.
(Town, county, and state)10. Usual occupation child

11. Industry or business _____

12. Name Leon Arthur Chapman13. Birthplace York Pa.14. Maiden name Alena Gertrude Keiser15. Birthplace York Pa.16. Name Gertrude ChapmanAddress Keating Sum Md.17. Burial Date thereof Oct 8 '48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory York Pa.

Location _____

18. Funeral director C. F. Young & SonAddress York Pa.19. 10/8/48 JK Trager
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7 19 48 at 10:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-7 19 48 to 10-7 19 48 and that I last saw her alive on 10-7 19 48

Immediate cause of death _____ DURATION _____

monstrous

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. Signature Red Dockson MD M. D. or other _____Address Keating Sum Md Date signed 10-8-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

10371

CERTIFICATE OF DEATH

Reg. Diat. No. 90

1. PLACE OF DEATH:

County Cecil
City or town Cecil
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 days
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Cecil
City or town Cecil
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

James Albert Coates Jr.

3. (b) Social Security Number

4. Sex M 5. Color or race col 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Sept 23 1948

8. AGE: Years _____ Months _____ Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Cecil, Md.
(Town, county, and state)

10. Usual occupation clerk

11. Industry or business

12. Name James Albert Coates

13. Birthplace Cecil, Md.

14. Maiden name Emily Elizabeth Cotton

15. Birthplace Cecil, Md.

16. Informant James Albert Coates

Address Cecil, Md.

17. Burial Date thereof Oct 24 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Cecil

Location Cecil, Md.

18. Funeral director Edward H. Hollar

Address Millington, Md.

19. Oct 23 1948 Dr. Thos W. Cheyney
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1948 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____

Due to premature _____

Due to more the _____

Due to gestational when _____

Due to born _____

Due to maternal _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operation _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

Medical Examiner Reed D. Dickey, M.D.

for Cecil County

M. D. or other _____

Address Cecil, Md. Date signed 10-21-48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 92

10372

1. PLACE OF DEATH:

County Becil
 City or town Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 1/2 days
 Hospital, institution, or street address where death occurred Union Hospital
 How long in hospital or institution? 2 1/2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Becil
 City or town Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rt. 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Clarence Craven

3. (b) Social Security Number

4. Sex Male 5. Color or race negro 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Flossie Craven
 6.(c) If alive, give age 41 years
 7. Birth date of deceased (mo., day, yr.) October 15-1904
 8. AGE: Years 43 Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Tennessee
 (Town, county, and state)
 10. Usual occupation laborer
 11. Industry or business _____
 12. Name Un. info.
 13. Birthplace Un. info.
 14. Maiden name Un. info.
 15. Birthplace Un. info.

16. Informant Flossie Craven
 Address 107 Booth St. Elkton Md.
 17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof 10-14-48
 (month) (day) (year)
 Cemetery or crematory Providence
 Location Elkton Md.
 18. Funeral director Edw. R. Bell
 Address 909 Poplar St. Wil. Del.
 19. Oct 14 19 48 F. H. Frazer
 (Date rec'd by registrar) Registrar

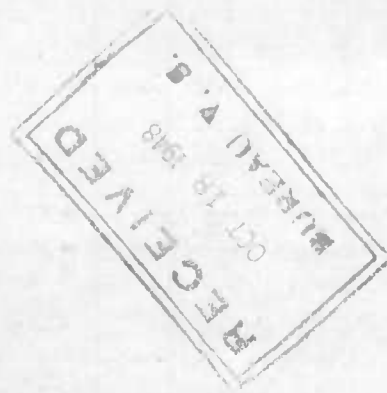
MEDICAL CERTIFICATION

20. DATE OF DEATH October 11-'48 19 1948
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 9 19 48 to Oct 11 19 48
 and that I last saw him alive on Oct 11 19 48
 Immediate cause of death Status Epilepticus
 Epilepsy
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE J. H. McLaughlin M.D.
Elkton Md. M. D. or other _____
 Address _____ Date signed 10/14/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10373

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil
City or town North East Md. P.D. 1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 31 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
City or town North East Md. P.D. 1
(If outside city or town limits, write RURAL and give nearest town)
Street No. North East Md. P.D. 1
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Alonza B. Criswell

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife May Criswell

6. (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) May 12 - 1875

8. AGE: Years 73 Months 4 Days 1 If less than one day hrs. min.

9. Birthplace Burma
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name James Criswell

13. Birthplace Burma

14. Maiden name Mary Eaton

15. Birthplace Burma

16. Informant May B. Criswell

Address North East Md. P.D. 1

17. (Burial, cremation, or removal. Which?) Burial Date thereof Oct 5th 1948
(month) (day) (year)

Cemetery or crematory James Manor Pk

Location Near Burksville Pa

18. Funeral director C. P. Rogers

Address C. P. Rogers

19. Registrar 10-4-48

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 Oct 1948 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1948 to Oct 1948

and that I last saw him alive on 2 Oct 1948

Immediate cause of death Coronary Thrombosis

DURATION

2 hours

Due to Arteriosclerotic Heart Disease 5 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Klaus H. Huebner M.D.

M.D. or other

Address North East Md Date signed 2 Oct 48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

184

10374

Reg. Dist. No. 92

1. PLACE OF DEATH

County..... Cecil
 City or town..... Elkton
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred
 Union Hospital Elkton Md.

How long in hospital or institution? 18 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Cecil

City or town..... Elkton Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (a) FULL NAME

David H. Finkle Jr. (Fink)

3. (b) Social Security Number

4. Sex

M

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

October 8 1946

6. (c) If alive, give age..... years

8. AGE:

2

Months

3

If less than one day

hrs.

min.

9. Birthplace

Humbley Cr. Va.

(Town, county, and state)

10. Usual occupation

Child

11. Industry or business

MOTHER FATHER

12. Name

David H. Finkle Sr.

13. Birthplace

Va. Gladys M. Boyce

14. Maiden name

15. Birthplace

16. Informant

David H. Finkle Sr.

Address

Elkton R.D. 5 Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Oct 13 / 48

Cemetery or crematory

Moores Chap.

Location

Blake, Maryland

18. Funeral director

H. W. Spivey

Address

Elkton, Md.

19. Oct 13

(Date rec'd by registrar)

19 48

H. J. Frazier

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1948 at 9:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Perforating wound

of abdominal

Due to 45 perforations

of intestines

Due to Shock & Hemorrhage

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of 10-10-48

Where did injury occur? Elkton Rural Cecil Md

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) Home

Means of injury

32 Rifle

Injured at work?

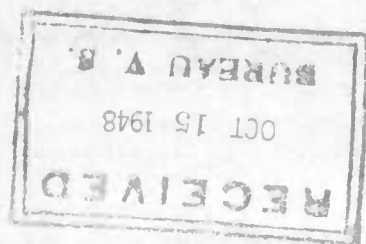
no

23. SIGNATURE

J. L. Dodson MD Medical Examiner for Cecil County

M. D. or other

Address: Elkton Md. Date signed: 10-11-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10375

Reg. Dist. No. 90

1. PLACE OF DEATH:

County Cecil
City or town Cecil
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Cecil
City or town Cecil
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lilly Helen Garrison

3. (b) Social Security Number

220-18-8611

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife William Garrison

7. Birth date of deceased (mo., day, yr.) Aug 22, 1902 6.(c) If alive, give age _____ years

8. AGE: Years 46 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Indian Creek, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Hargway

13. Birthplace Md

14. Maiden name Lilly Williams

15. Birthplace Md

16. Informant William Garrison

Address Cecil Md

17. (Burial, cremation, or removal, where?) Burial Date thereof Nov 3, 1948
(month) (day) (year)

Cemetery or crematory Cecil Md

Location Cecil Md

18. Funeral director Edward Bellows

Address Millington Md

19. Nov 3 19 48 Mrs. Thelma W. Cheyney
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 19 48 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 19 48 to Oct 31 19 48 and that I last saw him alive on Oct 31 19 48

Immediate cause of death Chronic nephritis

Due to _____

Due to _____

Other conditions Chronic Nephritis & Degeneration

(Include pregnancy within 3 months of death)

Major findings of operations none performed

Date of op. _____

Autopsy results none performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James J. Papacchi MD

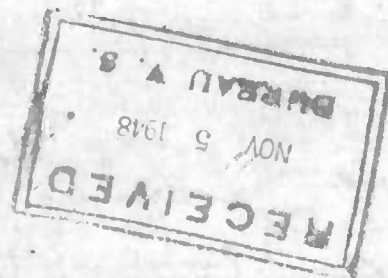
Goana MD M. D. or other _____

Address _____ Date signed 11-2-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10376

Reg. Dist. No. 74

1. PLACE OF DEATH:

County Cecil
 City or town North East
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Cecil
 City or town North East
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(c) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Lama J. Harvey

7. Birth date of deceased (mo., day, yr.) Sept 18 - 1870 6.(c) If alive, give age _____ years

8. AGE: Years 78 Months — Days 13 it less than one day _____ hrs. _____ min.

9. Birthplace North East Md
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name George W Harvey

13. Birthplace Md

14. Maiden name Elizabeth A Friday

15. Birthplace Md

16. Informant Mrs R. O. Bailey

Address North East Md

17. Burial Date thereof Oct 4 1948
 (Burial, cremation, or removal; Which?) (month) (day) (year)

Cemetery or crematory Methodist

Location North East Md

18. Funeral director Joseph P. Evans

Address North East Md

19. Oct 4 1948 Sarah Cotherman Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 Oct 1948 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1948 to Oct 1948
 and that I last saw him alive on 1 Oct 1948

Immediate cause of death Coronary Thrombosis DURATION 8 hours

Due to Arteriosclerotic Heart Disease 10 years

Due to _____

Other conditions Generalized Arteriosclerosis 15 years

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Klaus H. Fischer M.D. M. D. or other _____

Address North East Md Date signed 1 Oct 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10377

95

1. PLACE OF DEATH:

County CecilCity or town Conowingo Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 56 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County CecilCity or town Conowingo Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Harry Eugene Hathaway

3. (b) Social Security Number

222-07-8508

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Nellie HathawayB.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.)

Feb. 11 1892

8. AGE:

Years

Months

Days

It less than one day

56812

hrs.

min.

9. Birthplace

Conowingo, md.
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name

Harry Hathaway

13. Birthplace

Conowingo, md.

14. Maiden name

Viola Jorlett

15. Birthplace

Hawthorne, Penna

16. Informant

Mrs. Harry Hathaway

Address

Conowingo, md. R. 3rd.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Oct. 27, 1948
(month) (day) (year)

Cemetery or crematory

Pleasant Grove, Pa.

Location

near Peach Bottom, Pa.

18. Funeral director

J. E. Tyson

Address

Rising Sun, Md.

19.

Oct 21 - 48
(Date rec'd by registrar)L. M. Wright
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 23, 1948, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on _____, 19____, at _____.

Immediate cause of death

Parkinson Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. E. Dodson, M.D.
M. D. or other _____
Date signed 10/25-48

RECEIVED
OCT 27 1948
BUREAU V. S.

1948 76 74 46
36-7-28
1912-2-12

RECEIVED
OCT 12 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

10379

1. PLACE OF DEATH:

County... Cecil
City or town... Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 13 days
Hospital, institution, or street address where death occurred:
VAH., Perry Point, Maryland
How long in hospital or institution? 13 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Cecil
City or town... RD # 1, Elkton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war... WW-I

3. (a) FULL NAME

HOY, Russell William

3. (b) Social Security Number

Unknown

4. Sex... Male
5. Color or race... White
6. (a) Single, married, widowed, or divorced... Married

8. (b) Name of husband or wife... Helen T. Hoy
B. (c) If alive, give age... 51 years

7. Birth date of deceased (mo., day, yr.)... February 18, 1895

8. AGE: Year... 53 Month... 7 Days... 20 If less than one day... hr. ... min.

9. Birthplace... Schuylkill Haven, Schuylkill Co., Penna.
(Town, county, and state)

10. Usual occupation... Laborer

11. Industry or business

12. Name... Charles W. Hoy
13. Birthplace... Schuylkill County, Penna.

14. Maiden name... Ida Kreitz,
15. Birthplace... Schuylkill County, Penna.

16. Informant... Hospital Records
Address... VAH., Perry Point, Maryland

17. Burial... Date thereof... October 11, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Charlestown Cemetery
Location... Charlestown, Maryland

18. Funeral director... H. W. PIPPIN & SON, Inc.
Address... 259 E. Main Street, Elkton, Maryland

19. Date rec'd by registrar... 10-28-48
Registrar... J. E. Daugherty

MEDICAL CERTIFICATION

20. DATE OF DEATH... October 8th, 1948, at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 25th, 1948, to October 8, 1948, and that I last saw him alive on October 8th, 1948.

Immediate cause of death... 1. Necrotizing broncho-pneumonia, right; 2. Pulmonary abscesses

DURATION

Unknown

Other conditions: 1. Obliterative pleuritis, left lung; 2. Localized peritonitis; 3. Gastro-jejunos-tomy; 4. pyloroplasty

Major findings of operation: 1. Sub-total gastrectomy with antero-colic gastro-jejunos-tomy; 4. pyloroplasty

Date of op. 9-29-48

Autopsy results... Same as above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE... A. E. TROLLINGER, M.D.,
Chief, Professional Services
Address... VAH, Perry Point, Maryland Date signed 10-8-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 12 1948
BUREAU A. G.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10380 95

1. PLACE OF DEATH:

County..... Cecil
 City or town..... Rising Sun
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 25 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Md County..... Cecil
 City or town..... Rising Sun
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Cor. Cherry & Queen
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Lillian Irene Irwin

3. (b) Social Security Number

4. Sex..... Female
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... married
 6.(b) Name of husband or wife..... Curtis Irwin
 6.(c) If alive, give age..... 45 - years
 7. Birth date of deceased (mo., day, yr.)..... April 8 1876

8. AGE:
 Years..... 72
 Months..... 6
 Days..... 5
 If less than one day..... hrs. min.

9. Birthplace..... Lancaster Co. Pa.
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

FATHER
 12. Name..... John Thomas McFall
 13. Birthplace..... Manayunk Pa.
 MOTHER
 14. Maiden name..... Mary Elaver Wright
 15. Birthplace..... Lancaster Co. Pa.

16. Informant..... Curtis Irwin
 Address..... Rising Sun, Md.

17. Burial..... Date thereof..... Oct. 12, 1948
 (Burial, cremation, or removal, Which?)..... (month) (day) (year)
 Cemetery or crematory..... West Nottingham
 Location..... near Colora

18. Funeral director..... J. E. Zagon
 Address..... Rising Sun, Md.

19. Date of death..... Oct-11-48
 (Date of death by Registrar)
 Registrar..... J. E. Zagon

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 9 1948, at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to 10-8 1948 and that I last saw her alive on 10-8 1948.

Immediate cause of death..... Acute Coronary Disease.
 Due to..... Diabetes.

Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... J. E. Zagon M. D. or other
 Address..... Rising Sun, Md. Date signed..... 10-9-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

10381

1. PLACE OF DEATH:

County Cecil
City or town VAH., Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery
City or town Seneca
(If outside city or town limits, write RURAL and give nearest town)
Street No. none
(If rural, give LOCATION)
2. (a) if veteran, name war. WW-II

3. (a) FULL NAME

JACKSON, Clifton C.

3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife None
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 5, 1926

8. AGE: Year 22 Month 4 Days 19 (If less than one day) _____ hrs. _____ min.

9. Birthplace Seneca, Montgomery County, Maryland
(Town, county, and state)

10. Usual occupation Janitor

11. Industry or business

12. Name Clinton Jackson
13. Birthplace Seneca, Maryland

14. Maiden name Isabelle Thompson, Deceased
15. Birthplace Front Royal, Virginia

16. Informant Hospital Records
Address VAH., Perry Point, Maryland

17. Removal Removal Date thereof 10/26/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Arlington National
Location 7T. 4M. 400. VA.

18. Funeral director Funeral Home
Address 4000 1st St. N.E.

19. Oct-26 19 48 James S. Dargatzis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24th, 19 48, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 22, 19 48, to October 24, 19 48, and that I last saw him alive on October 24, 19 48.

Immediate cause of death MENINGITIS, TUBERCULOUS

Due to TUBERCULOSIS, DISSEMINATED - PULMONARY AND PERITONEAL

Due to _____
Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. E. TROLLINGER M.D. or other _____
Chief, Professional Services
Address VAH., Perry Point, Md. Date signed 10-25-48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 28 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10382

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 mo. 12 days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
 How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1112 Carson Court
 (If rural, give LOCATION)
 2. (a) If veteran, name war WW-I

3. (a) FULL NAME

JONES, Lawrence

3. (b) Social Security Number

217-09-3223

4. Sex male 5. Color or race negro 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Unknown
 7. Birth date of deceased (mo., day, yr.) Aug. 13, 1891
 8. AGE: Year 57 Month 2 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)
 10. Usual occupation Porter
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Hospital records
 Address VAH, Perry Point, Md.
 17. Removal Date thereof Oct. 15, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Baltimore National Cemetery
 Location Baltimore, Maryland
 18. Funeral director Chas. O. Wilson
ELROY O. WILSON FUNERAL HOME
 Address 1000 Brantly Ave., Baltimore 17, Md.
 19. Oct. 15, 48 Registrar James E. [Signature]
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14, 1948 at 9:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 2, 1948, to Oct. 14, 1948
 and that I last saw him alive on October 14, 1948

Immediate cause of death Aortic valve ulceration and vegetation DURATION Unknown

Due to Rheumatic carditis and peri-carditis:
 Due to Mitral stenosis, moderate

Other conditions 1. Infarction, left kidney;
2. Hypostatic bronchopneumonia, bilateral;
3. Chronic passive congestion; 4. Chronic splenitis & peri-splenitis
 Major findings of operations _____

Date of op. _____
 Autopsy results Same as above
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

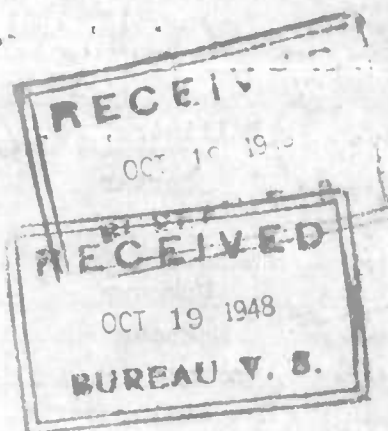
23. SIGNATURE A. E. TROLLINGER M. D. or other _____
A. E. TROLLINGER, M.D., Chief, Professional Svcs.
 Address VAH, Perry Point, Md. Date signed 10-15-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10383

Reg. Diat. No.

1. PLACE OF DEATH:

County Cecil
 City or town North East Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Cecil
 City or town North East Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William J. Lockard

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary Hannah Lockard

7. Birth date of deceased (mo., day, yr.)

Feb 5 - 1874

6. (c) If alive, give age

67 years

8. AGE:

Years

Months

Days

If less than one day

74716

hrs.

min.

9. Birthplace

North East Rural md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

John Lockard

13. Birthplace

md

14. Maiden name

Harriet Mahoney

15. Birthplace

md

16. Informant

Mrs William J. Lockard

Address

North East md

17.

(Burial, cremation, or removal. Which?)

Date thereof

Oct 4 1948

Cemetery or crematory

Metho dist

Location

North East md

18. Funeral director

Joseph R. Frank

Address

North East md

19.

(Date rec'd by registrar)

19

48 Sarah Rothgamer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct - 1 - 1948 at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 29 - 1948 to Sept 29 1948and that I last saw him alive on Sept - 29 1948

Immediate cause of death

Myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. B. Collins

M. D. or other

Address

North East, mdDate signed 10-1-48

RECEIVED

OCT 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10384

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County..... Cecil
 City or town..... Perry Point
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 7 mos. 27 days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
 How long in hospital or institution?..... Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Cecil
 City or town..... Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 155 E. Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... Spanish American

3. (a) FULL NAME

MILLER, Aldred H.

3. (b) Social Security Number

--

4. Sex..... male 5. Color or race..... white 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Mrs. Laura Miller
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Dec. 6, 1872
 8. AGE: Years..... 75 Months..... 10 Days..... 23 If less than one day..... hrs. min.

9. Birthplace..... Cecil County, Maryland
 (Town, county, and state)
 10. Usual occupation..... Railroad Engineer
 11. Industry or business

FATHER 12. Name..... Thomas S. Miller - deceased
 13. Birthplace..... Maryland
 MOTHER 14. Maiden name..... Harriett Rose - deceased
 15. Birthplace..... Cecil Co., Maryland

16. Informant..... Major Thomas A. Miller - son
 Address..... 716 -21st St., So. Arlington, Va.

17. Removal..... Oct. 29, 1948
 (Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year)
 Cemetery or crematory..... Union Cemetery
 Location..... Cecil County, Md.

18. Funeral director..... Joseph R. Grant
 Address..... North East, Maryland

19. Oct 29 19 48 James E. Langhorne
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 29, 1948 at 4:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 2, 1948 to Oct. 29, 1948
 and that I last saw him alive on October 29, 1948

Immediate cause of death..... Bronchopneumonia DURATION..... 1 week

Due to..... diabetes mellitus Unknown

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... A. E. Trollinger, M.D. Chief, Professional Svcs. M.D. or other

Address..... VAH, Perry Point, Md. Date signed..... 10-29-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95-

10385

164C

95-

1. PLACE OF DEATH:

County Cecil
City or town Rising Sun Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Md. County Cecil
City or town Rising Sun Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Clarence H. Monk

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 5, 1906

8. AGE: Years 42 Months 5 Days 28 If less than one day hrs. min.

9. Birthplace Sebenon Va.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Charles H. Monk

13. Birthplace Sebenon Va.

14. Maiden name Ethel C. Thomas

15. Birthplace Sebenon Va.

16. Informant Eileen A. Hinkell

Address Rising Sun Md. R. F. D

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Oct. 5, 1948
(month) (day) (year)

Cemetery or crematory Havenell

Location Near P.O. Deposit

18. Funeral director J. E. Tyson

Address Rising Sun Md.

19. Date of death Oct 5 - 48 Registrar L. J. Thompson

Permit issued 10-9-48

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1948 at 1:20 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death

Shot Gun
penetrating
perforating
wound of
chest

DURATION

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 10-3-48

Where did injury occur Rising Sun Cecil Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Shot Gun Injured at work? No

Medical Examiner Blodgett

Cecil County

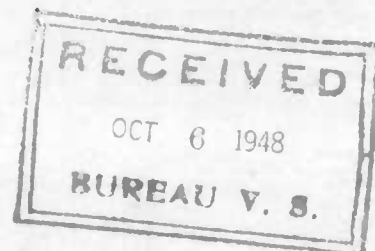
23. SIGNATURE Blodgett M. D. or other

Address Rising Sun Md. Date signed 10-4-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10386

9C

1. PLACE OF DEATH:

County Cecil
 City or town Perryville, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 46 Yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For non-born infants give residence of mother)
 State Maryland County Cecil
 City or town Perryville, Md. Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Aiken
 (If rural, give LOCATION)

2.(a) If veteran name war

3. (a) FULL NAME

Robert Granville Montgomery

3. (b) Social Security Number

4 Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) April 27, 1902
 6.(c) If alive, give age years
 8. AGE: Years 46 Months 5 Days 18 If less than one day hrs. min.

9. Birthplace Perryville, Cecil Co., Md.
 (Town, county, and state)
 10. Usual occupation Traveling Foreman
 11. Industry or business B & O Rail Road
 12. Name R. Franklin Montgomery
 13. Birthplace Cecil Co., Md.
 14. Maiden name Mary E. Morrison
 15. Birthplace Cecil Co., Md.

16. Informant Mrs Lottie Mc Cardell
 Address Liberty Grove, Cecil Co., Md.

17. Burial Burial Date thereof Oct. 18, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory West Nottingham
 Location Colera, Md. Rural
 18. Funeral director Lee A. Patterson & Son
 Address Perryville, Md.

19. Oct. 18 19 48 Irma E. Doughty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15, 1948 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10th 19 48 to Oct 15 19 48
 and that I last saw him alive on October 14 19 48

Immediate cause of death Coronary Thrombosis
 DURATION Immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

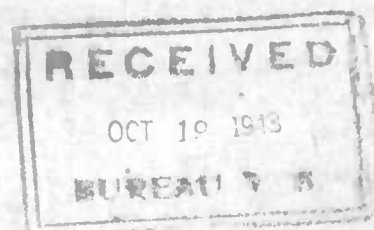
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. F. Magraw M. D. or otherAddress Perryville Date signed Oct 14 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10387

94

1. PLACE OF DEATH:

County CecilCity or town North East Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2.5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CecilCity or town North East Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Joseph William Novotny

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Katherine Novotny

7. Birth date of deceased (mo., day, yr.)

Feb 2 - 18656. (c) If alive, give age. 73 years

8. AGE:

Years

Months

Days

if less than one day

83819

hrs.

min.

9. Birthplace

Cedar Rapids, Iowa
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Oct 24 1948
(month) (day) (year)

Cemetery or crematory

Methodist Cemetery

Location

North East, Maryland

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

4810/241948Sarah E. KatherineNovotnyRegistrar10/241948Sarah E. KatherineNovotnyRegistrar10/241948Sarah E. KatherineNovotnyRegistrar10/241948Sarah E. KatherineNovotnyRegistrar10/241948Sarah E. KatherineNovotnyRegistrar10/241948Sarah E. KatherineNovotnyRegistrar10/241948Sarah E. KatherineNovotnyRegistrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

24th Oct19 48

at

9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May19 46

to

24th Oct19 48and that I last saw him alive on 24th Oct 19 48

Immediate cause of death

Bronchopneumonia

DURATION

2 wks

Due to

Benign Prostatic Hypertrophy

DURATION

5 years

Due to

Other conditions

Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Klaus H. Hubner M.D.

M. D. or other

Address

North East Md

Date signed

23 Oct 48

RECEIVED
OCT 27 1955
BUREAU OF
INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40388

1. PLACE OF DEATH:

County Cecil
City or town Rural near Elkton P.D. 2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs.
Hospital, institution, or street address where death occurred:
Elkton P.D. 2 Md
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Cecil
City or town Rural near Elkton Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. P.D. 2
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Louisa May Ott

3. (b) Social Security Number

4. Sex F. 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Peter Ott
7. Birth date of deceased (mo., day, yr.) May 12, 1865
8. AGE: Years 83 Months 5 Days 11 If less than one day
8.(c) If alive, give age years

9. Birthplace Maryland, Pa
(Town, county, and state)
10. Usual occupation at home
11. Industry or business

MOTHER/FATHER 12. Name Peter Hamiller
13. Birthplace Washington, D.C.
14. Maiden name Mary Jane Murray
15. Birthplace Washington D.C.
16. Informant Mr Harry Ott
Address Elkton P.D. 2 Md
17. Burial Date thereof Oct 23/48
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Beaumont Memorial City Md
Location Chesapeake City Md
18. Funeral director Altopper
Address Elkton, Md
19. Oct 23 19 48
(Date rec'd by registrar) Registrar J.R. Frazer

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20, 1948 19 48 at 3 A. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 16 19 48 to Oct 20 19 48
and that I last saw him alive on Oct 20 19 48
Immediate cause of death Congestive Heart Failure DURATION 1 day
Due to Arteriosclerotic Heart Disease
Due to
Other conditions Bronchopneumonia
Chronic cholecystitis, Scurvy.
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Glenn H. Wachsmuth M.D. or other
Address 202 E Main St Date signed Oct 24, 1948
Elkton

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 27 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10389

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 Days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
 How long in hospital or institution? 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore 2, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 924 N. Calvert Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war WW I

3. (a) FULL NAME

RASKA, Joseph Charles

3. (b) Social Security Number

218 14 5955

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) March 19, 1896 8. (c) If alive, give age _____ years

8. AGE: Years 52 Months 6 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Anne Arundel Co, Maryland
 (Town, county, and state)

10. Usual occupation Iron Worker

11. Industry or business

12. Name James Raska
 13. Birthplace Bohemian Czechslovakia

14. Maiden name Mary Dvorak
 15. Birthplace Bohemian Czechslovakia

16. Informant Hospital Records
 Address VA Hospital, Perry Point, Md.

17. Removal 10-10-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory National Cemetery
Baltimore, Maryland
 Location Schunemann Funeral Home

18. Funeral director Schunemann Funeral Home
 Address 2601 E. Madison St. Baltimore, Md.

19. October 10, 1948 John E. Doughty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 19 48 at 3:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 18 19 48 to October 10 19 48

and that I last saw him alive on October 10 19 48

Immediate cause of death Uremia
Hypertensive Vascular Disease

Due to Hemorrhage from Gastric Ulcer

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Bleeding gastric ulcer

Date of op. 10-6-48

Autopsy results Nephrosclerosis severe; Cardiac hypertrophy
 PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

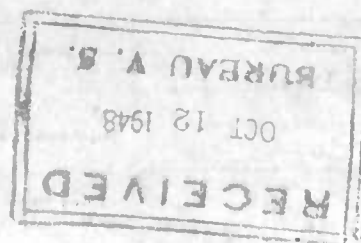
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Oppler M.D. M. D. or other
Acting Chief, Professional Services
 Address VAH, Perry Point, Md. Date signed 10-10-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 hour 45 minutes
 Hospital, institution, or street address where death occurred:
 Union Hospital Elkton Md.
 How long in hospital or institution? 1 hour 45 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 188 W. Main St.
 (If rural, give LOCATION)
 (2.a) If veteran, name war.....

3. (a) FULL NAME John Robinson

3. (b) Social Security Number

223-05-0897

4. Sex M. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced ?

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) About 1903

8. AGE: Years 45 Months Days If less than one day hrs. min.

9. Birthplace.....
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... No information

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant Dr. R. D. Doelson, M.D.

Address Prangue Md.

17. Burial Date thereof Nov. 4/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory County

Location Cherry Hill Md

18. Funeral director H. W. Phippen

Address Elkton Md

19. Nov 4 48 J. H. Frazer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 48 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death

DURATION

Shock & Hemorrhage
 Compound fracture
 of left femur & tibia
 fracture of left
 femur & tibia

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-16-48

Where did injury occur? Prangue Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 1

Means of injury Automobile Injured at work? no

Medical Examiner R. D. Doelson M.D.

23. SIGNATURE Prangue Md. M. D. or other

Address Prangue Md. Date signed 10-17-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10391

Reg. Dist. No. 96

1. PLACE OF DEATH:

County..... Cecil
 City or town..... Perry Point
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 6 yrs. 5 mos. 20 days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
 How long in hospital or institution?..... 6 yrs. 8 mos. 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D.C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1512 Corcoran Street, N.W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war..... VW-I

3. (a) FULL NAME

RYALS, Foster

3. (b) Social Security Number

Unknown

4. Sex..... male 5. Color or race..... Negro 6. (a) Single, married, widowed, or divorced..... Single
 6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Oct. 2, 1886
 8. AGE: Years..... 52 Months..... 0 Days..... 19 If less than one day..... hrs. min.

9. Birthplace..... Unknown
 (Town, county, and state)

10. Usual occupation..... Unknown

11. Industry or business.....

FATHER 12. Name..... Unknown - deceased
 13. Birthplace..... Unknown
 MOTHER 14. Maiden name..... Unknown - deceased
 15. Birthplace..... Unknown

16. Informant..... Hospital Records
 Address..... VAH, Perry Point, Md.

17. Burial..... Burial Date thereof..... 10-27-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Baltimore National Cemetery
Baltimore, Maryland
 Location.....

18. Funeral director..... PENNINGTON & SON
 Address..... Havre de Grace, Md.

19. Oct 26 19 48 Jane E. Daugherty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 21, 19 48, at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 1, 19 42, to Oct. 21, 19 48
 and that I last saw him alive on October 21, 19 48

Immediate cause of death..... Uremia, uremic poisoning DURATION..... Unknown

Due to Nephrosclerosis..... Unknown

Due to Arteriosclerosis, general..... Unknown

Other conditions..... Diabetes mellitus..... 3-4 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results..... Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

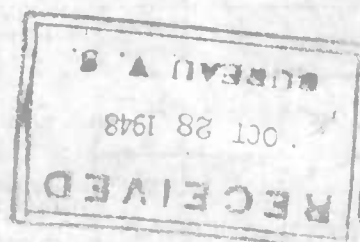
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, term, industry, public place (where?).....

Manner of injury..... Injured at work?

23. SIGNATURE..... A. E. TROLLINGER, M.D., Chief, Professional Svcs.
 Address..... VAH, Perry Point, Md. Date signed..... 10-25-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 10392 92

1. PLACE OF DEATH

County Cecil
 City or town Elkston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 hours
 Hospital, institution, or street address where death occurred:
Union Hosp.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Pa County Chester
 City or town Elkston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Ross W. Smoker

3. (b) Social Security Number

716-09-8233

4. Sex M 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Mary Smoker
July 13 - 1884 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 13 - 1884

8. AGE: Years 64 Months 3 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Union Place, Pa.
 (Town, county, and state)
Eugene Kosler

10. Usual occupation R.R.

11. Industry or business George Smoker

12. Name no information

13. Birthplace Margaret Erb

14. Maiden name Pa

15. Birthplace Lawrence S. Amey

16. Informant New London, Pa.

17. Burial Date thereof Oct 21-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Johns U.B.

18. Funeral director Paradise Pa

19. H. W. Pappas & Son
 Address Elkston Md.
Oct 18 19 48 J. P. Traeger
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 48 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
 and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Acute Coronary disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

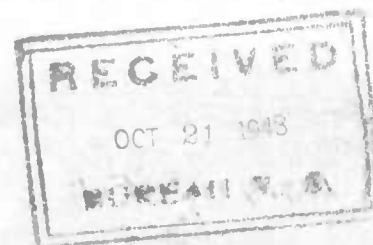
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE R. H. Dodson MD Medical Examiner for Cecil County
Rising Sun Md M. D. or other
 Address _____ Date signed 10/17-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10393

Reg. Dist. No. 90

1. PLACE OF DEATH:

County Cecil

City or town Cecilton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town Cecilton
(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

William Samuel Ellison

3. (b) Social Security Number

4. Sex M

5. Color or race Col

6. (a) Single, married, widowed, or divorced Separated.

6. (b) Name of husband or wife Hattie Ellison

6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) June 21, 1890

8. AGE: 58 Years 4 Months 9 Days If less than one day hrs. min.

9. Birthplace Cecilton Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name William Ellison

13. Birthplace Cecilton Md.

14. Maiden name Helen Frances

15. Birthplace Cecilton Md.

16. Informant Helen Peter

Address Cecilton Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 11/3/48

Cemetery or crematory Union Cemetery Md.

Location Cecilton Md.

18. Funeral director Robert Bell

Address 909 Poplar St. N.W. Wash. D.C.

19. Not 3-1948 Mrs. Howard W. Cheyney

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30, 1948, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Pistol shot in head

Due to

Perforating the skull.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? Cecilton Cecil Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home.

Means of injury German Pistol Injured at work?

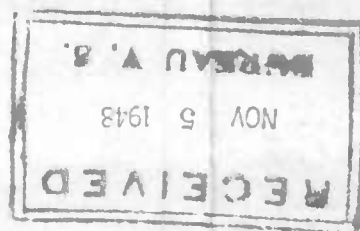
Medical Examiner

Dr. Cecil County

Signature

Address Cecilton Md.

Date 10/30-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

10394

1. PLACE OF DEATH:

County **CECIL**

City or town **PERRY POINT, MARYLAND**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **33 days**

Hospital, institution, or street address where death occurred:

VETERANS ADMINISTRATION HOSPITAL, Perry Point, Md.

How long in hospital or institution? **33 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Baltimore**

City or town **Baltimore**
(If outside city or town limits, write RURAL and give nearest town)

Street No. **5 N. Exeter Street**
(If rural, give LOCATION)

2.(a) If veteran, name war **WWI**

3. (a) FULL NAME

WATSON, Charles B.

3. (b) Social Security Number

Unknown

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Single**

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **March 18, 1896** 6.(c) If alive, give age years

8. AGE: Years **52** Months **6** Days **15** If less than one day hrs. min.

9. Birthplace **Lancaster County, Pa.**
(Town, county, and state)

10. Usual occupation **Hotel Clerk**

11. Industry or business **Hotel**

12. Name **Unknown**

13. Birthplace **Unknown**

14. Maiden name **Unknown**

15. Birthplace **Unknown**

16. Informant **Hospital records**

Address **VAH, Perry Point, Md.**

17. **Removal** Date thereof **Oct. 6, 1948**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Baltimore National Cemetery**

Location **Baltimore, Maryland**

18. Funeral director **PENNINGTON & SON**

Address **Havre de Grace, Maryland**

19. **Oct 6, 1948** (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **October 3, 1948** at **1:35 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **September 21, 1948** to **October 3, 1948**

and that I last saw him alive on **October 3, 1948**

Immediate cause of death **Pulmonary Tuberculosis, active, far advanced, bilateral** DURATION **3 to 4 years**

Due to

Due to

Other conditions **Tuberculosis of the cecum, Pneumonia, bronchial**
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results **Same as above**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **E. E. TROLLINGER, M.D., Chief, Professional Services**

Address **VAH, Perry Point, Md.** Date signed **10-3-48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10395

Reg. Dist. No. *92*

1. PLACE OF DEATH

County *Cecil*City or town *Elleston Rural*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *no time*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State *Md.* County *Cecil*City or town *Elleston Rural*
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Arthur Stanley Wesley.

3. (b) Social Security Number

*none*4. Sex *M.* 5. Color or race *col.* 6. (a) Single, married, widowed, or divorced *Single*

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) *July 24 1931*8. AGE: Years *17* Months *2* Days *24* If less than one day _____ hrs. _____ min.9. Birthplace *Elleston Md.*
(Town, county, and state)10. Usual occupation *boy.*

11. Industry or business _____

12. Name *Arthur S. Wesley*13. Birthplace *Pleasant Hill Md.*14. Maiden name *Emma Brown*15. Birthplace *Cedar Hill*16. Informant *Arthur C. Brooks*Address *Elleston MD 4 Md.*17. Burial Date thereof *10/22/48*
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory *Griffith Cemetery*Location *Cedar Hill Md.*18. Funeral director *Chas. H. Bell*Address *909 Poplar St. Wilm. Del.*19. *Oct 30 1948* Registrar *J. H. Frazer*
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH *October 18 1948* at *3:45 PM*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Due to *Fracture of* _____Due to *Base of skull* _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *10-18-48*Where did injury occur? *Elleston Cecil Md*
(City or town) (County) (State)Injured at home, farm, industry, public place, or other *Route 48*Means of injury *Automobile* Injured at work? *no*Medical Examiner *W. L. Dodson MD*

For Cecil County

M. D. or other

23. Signature *W. L. Dodson MD* Date signed *10-18-48*

Address _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

10396

1. PLACE OF DEATH:

County Cecil
City or town Perry Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs. 2 mos. 0 days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
How long in hospital or institution? 5 yrs. 2 mos. 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County _____
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 908 Eye St., N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war WW-I

3.(a) FULL NAME

WILLIAMS, William McD.

3.(b) Social Security Number

None

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced Divorced
6.(b) Name of husband or wife _____
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Aug. 24, 1888
8. AGE: Years 60 Months 2 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Wake Forest, Wake Co., N.C.
(Town, county, and state)
10. Usual occupation Unknown
11. Industry or business _____

12. Name Unknown - deceased
13. Birthplace Unknown
14. Maiden name Unknown - deceased
15. Birthplace Unknown

16. Informant Hospital Records
Address VAH, Perry Point, Md.
17. Removal Date thereof Nov. 3, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Arlington National Cemetery
Location Fort Myer, Virginia

18. Funeral director PENNINGTON & SON
Address Havre de Grace, Md.

19. Nov. 3 19 48 Irvin E. Doughty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1948 at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 31, 1948 to Oct. 31, 1948
and that I last saw him alive on October 31, 1948

Immediate cause of death Bronchopneumonia, bilateral DURATION Unknown

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work? _____

23. SIGNATURE A. E. TROLLINGER M. D. or other _____

A. E. TROLLINGER, M.D., Chief, Professional Svcs.

Address VAH, Perry Point, Md. Date signed 10-31-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

